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1. Introduction

Literature highlights the need for health promotion to become integral to a health professional's role (World Health Organisation, 1986, COT, 2008 and Needle et al 2011). Needle et al (2011), emphasises each client contact is a significant health improvement opportunity. Jones-Phipps and Craik (2008) and Needle et al (2011) note the paucity of evidence based literature for this subject and stress the need for change. Jones-Phipps and Craik (2008) and Burrows (2011) found that although students believe health promotion should be a part of their role, some observed practice educators applying it inconsistently. Burrows (2011) found that the main barrier preventing students' incorporating health messages into practice was their lack of knowledge/ experience undermining their confidence. It is therefore important to question whether practice educators were incorporating health promotion, and if so, were students learning appropriate messages.

Objectives

- To establish confidence and readiness of occupational therapy practice educators to incorporate evidence-based health promotion messages in practice and impart this to students
- To construct a matrix of practice educators' health promotion training needs



2. Methodology

Grant awarded by Public Health Wales

Design: Action Research, using mixed methods.

Sample: Purposive n=190
Inclusion criteria: public sector practice educators, taken student on an assessed placement in past 12 months.

Data collection tool and procedure: Bristol on Line survey (BOS) with open and closed questions via link email. 4 weeks return plus follow up.

Data Analysis: BOS analysis system plus descriptive statistics and thematic analysis.

Ethics: Approval via Cardiff University, School of Healthcare Studies Research Ethics Committee.



A. Health Promotion Principles & Practice

- General overview of principles
- Do's and Don'ts
- Communicating messages tactfully
- Resources available (especially community)
- Delivering health promotion with limited staff, time and money
- Evidence based practice
- Reasons for poor health
- Exercise and nutrition
- Current drivers

D. Other

- Clarification of the role of occupational therapy in health promotion
- Influencing managers about the importance of the occupational therapy role in health promotion
- How to support students in terms of delivering health

B. Behaviour Change

Conditions/specific problems

- Drink, drug and smoking cessation
- Introducing lifestyle changes
 - Teaching new techniques
 - Application of approaches
- Working with specific groups: e.g. older adults, wheelchair users and people with eating disorders

C. General Application

Conditions/specific problems

- Diabetes
- Eating disorders
- Falls and falls prevention
- Mental health problems
- Smoking and pulmonary disease
- Morbidity & health behaviours
- Alcohol and older adults



6. Conclusion & Recommendations

'Occupational therapy is a profession concerned with promoting health and well being through occupation'(WFOT 2004 in COT 2008 p7)

Occupational therapists currently consider themselves to be undertaking health promotion in their normal practice, however this is predominantly with people who have already accessed services for existing health and social care problems i.e. secondary and tertiary health promotion.

Generally there is limited awareness of specific tools and the core health promotion messages. Messages are also confusing and at times complex. As a result there is a lack of confidence in using them.

If occupational therapists (and other Allied Health Professionals) are to incorporate timely appropriate evidence based health messages within their practice, they need the knowledge and skills through training. This training should be in the areas of general health promotion principles and specific application. Public Health Departments also need to more clearly signpost and publicise the information widely.

3. Demographics

Response 42% (n= 79).

The majority of respondents (82%) worked in the NHS and most with adults/older adults. Students supervised were at all levels of the programme.

98% worked with individuals who are considered as making unhealthy life choices.

4. Confidence & Readiness

The majority of occupational therapists (95%) considered that they undertook a health promotion role: *'all practice is based on promoting the health of the patient'*.

Confidence levels are positive with 89% (n=70) expressing moderate to extreme confidence in their ability to transmit health promotion messages.

91% (n=71) considered health promotion to be moderate to extremely important in their role.

Occupational therapists generally assess and intervene in areas which are directly related to occupation.

Most common health promotion intervention by occupational therapists is provision of advice/ referral to other services using an educational approach (74%).

100% of respondents who had training applied it to practice.

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